

AC  
10/24

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	62007	9/11/00
O.I.P.E. CLASSIFIER		49	9/19/00
FORMALITY REVIEW	MS	863	10-8-00
RESPONSE FORMALITY REVIEW	SEP	1091	04/20/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/12/00
2	✓	✓	10/12/00
3	✓	✓	10/12/00
4	✓	✓	10/12/00
5	✓	✓	10/12/00
6	✓	✓	10/12/00
7	✓	✓	10/12/00
8	✓	✓	10/12/00
9	✓	✓	10/12/00
10	✓	✓	10/12/00
11	✓	✓	10/12/00
12	✓	✓	10/12/00
13	✓	✓	10/12/00
14	✓	✓	10/12/00
15	✓	✓	10/12/00
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18	✓	✓	10/12/00
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20	✓	✓	10/12/00
21	✓	✓	10/12/00
22	✓	✓	10/12/00
23	✓	✓	10/12/00
24	✓	✓	10/12/00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here